

Case Number:	CM13-0015636		
Date Assigned:	10/09/2013	Date of Injury:	09/12/2011
Decision Date:	01/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female who reported an injury on 09/12/2011 after breaking up an altercation between inmates. The patient underwent right shoulder arthroscopic decompression followed by physical therapy and medication management, and a home exercise program. The patient underwent a lumbar MRI that revealed there were disc herniation at the L4-5 with moderately severe spinal stenosis and left L4 and L5 norepinephrine reuptake inhibitor, and a disc bulge at the L3-4 and hypertrophic facet changes, a disc bulge at the L2-3 and L5-S1. The patient underwent an EMG/NCS that revealed evidence of bilateral chronic L4-5 radiculopathy. The patient underwent medial branch blocks at the L4-5 and L5-S1 that provided pain relief. The patient's most recent physical exam findings of the lumbar spine revealed restricted range of motion described as 40 degrees in forward flexion and 30 degrees in extension with tenderness in the pelvic rim and junction bilaterally. The patient's diagnoses included sprain/strain of the right shoulder, thoracic lumbar neuritis, sprain/strain of the neck, shoulder impingement syndrome, musculoligamentous strain of the thoracic and lumbar spine, and lumbar radiculitis. The patient's treatment plan included a radiofrequency ablation. The requested radiofrequency ablation to the medial branch nerves of the lumbar facets at L4-5 bilaterally is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a medial branch block at the requested level. Official Disability Guidelines recommend radiofrequency neurotomy as appropriate when the patient has at least 12 weeks of 50% pain relief or better. The clinical documentation submitted for review does not provide any quantitative measures to describe the patient's pain relief as a result of the medial branch block. Additionally, the duration of symptom relief is not defined in the medical documentation submitted

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Radiofrequency ablation to the medial branch nerves to the lumbar facets at L4-5 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The requested radiofrequency ablation to the medial branch nerves of the lumbar facets at L4-5 bilaterally is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a medial branch block at the requested level. Official Disability Guidelines recommend radiofrequency neurotomy as appropriate when the patient has at least 12 weeks of 50% pain relief or better. The clinical documentation submitted for review does not provide any quantitative measures to describe the patient's pain relief as a result of the medial branch block. Additionally, the duration of symptom relief is not defined in the medical documentation submitted for review. There is no documentation of an improvement in function or a decrease in medications. As such, the requested radiofrequency ablation to the medial branch nerves to the lumbar facets at L4-5 bilaterally, quantity 1 is not medically necessary or appropriate.

Radiofrequency ablation to the medial branch nerves to the lumbar facets at L5-S1 bilaterally: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The requested radiofrequency ablation to the medial branch nerves of the lumbar facets at L5-S1 bilaterally is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a medial branch block at the requested level. Official Disability Guidelines recommend radiofrequency neurotomy as appropriate when the patient has at least 12 weeks of 50% pain relief or better. The clinical documentation submitted for review does not provide any quantitative measures to describe the patient's pain relief as a result of the medial branch block. Additionally, the duration of symptom relief is not defined in the medical documentation submitted for review. There is no documentation of an improvement in function or a decrease in medications. As such,

the requested radiofrequency ablation to the medial branch nerves to the lumbar facets at L5-S1 bilaterally, quantity 1 is not medically necessary or appropriate.